PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10826677

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
_	<u> </u>		(Column 1)		(Colu	Column 2)		TYPE		OR	SMALL	IALL ENTITY	
TOTAL CLAIMS 51								RATE	FEE] .	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			51 minus 20=		* 3 <i>l</i>			X\$ 9=		OR	X\$18=	558	
INDEPENDENT CLAIMS			7 minus 3 = *		5		ĺ	X43=		OR	X86=	430	
MULTIPLE DEPENDENT CLAIM PRESEN							l	+145=		OR	+290=		
* If the difference in column 1 is less than zero					"0" in c	column 2	ı	TOTAL		OR	TOTAL	1758	
	С					OTHER	THAN						
		(Column 1)		(Column 2) (Co			· ·_	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	0. 4.1.4	=		X43= ·		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
	·						L	TOTAL		OB	TOTAL		
	•	Α	DDIT. FEE		OR ,	ADDIT. FEE							
	<u> </u>	(Column 1) I CLAIMS	1	(Colum HIGHE	_	(Column 3)	_						
T B		REMAINING AFTER		NUMBI PREVIOL	ER	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMENT		AMENDMENT		PAID F			L		FEE		·	FEE	
	Total	*	Minus _.	**	<u>.</u>	=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		= .		X43=.		OR	X86=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-						
							1	+145=		OR	+290=		
		AI	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE							
		(Column 1)											
AMENDMENT C	`	CLAIMS		(Columi HIGHE	ST .	(Column 3)	Ė	T	ADDI-	ſ	1	ADDI-	
		REMAINING AFTER AMENDMENT	·	NUMBE PREVIOU PAID FO	JSLY	PRESENT EXTRA	ı	RATE	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		= ′		X43=		[X86=		
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A-0=		OR	~00=		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								-30	OR	+290=		
**	f the "Highest Nur	nber Previously Pa	id For IN THIS	SPACE is I	ess than	20, enter "20."	ΔΓ	TOTAL DIT. FEE		OR ,	TOTAL DDIT, FEE		
		mber Previously Pa ber Previously Paid							ropriate box			: .	